

SERFF Tracking Number: ANTX-127072276 State: Arkansas  
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 48205  
 Company Tracking Number:  
 TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010  
 Product Name: SLQUOTE  
 Project Name/Number: SLQUOTE/SLQUOTE

## Filing at a Glance

Company: Standard Life and Accident Insurance Company  
 Product Name: SLQUOTE SERFF Tr Num: ANTX-127072276 State: Arkansas  
 TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Filed- State Tr Num: 48205  
 Closed  
 Sub-TOI: MS09.000 Medicare Supplement Co Tr Num: State Status: Filed-Closed  
 Other 2010  
 Filing Type: Advertisement Reviewer(s): Stephanie Fowler  
 Author: Sherry Wiegman Disposition Date: 03/16/2011  
 Date Submitted: 03/09/2011 Disposition Status: Filed-Closed  
 Implementation Date Requested: On Approval Implementation Date:  
 State Filing Description:

## General Information

Project Name: SLQUOTE Status of Filing in Domicile: Pending  
 Project Number: SLQUOTE Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: Filing Status Changed: 03/16/2011  
 State Status Changed: 03/16/2011  
 Deemer Date: Created By: Sherry Wiegman  
 Submitted By: Sherry Wiegman Corresponding Filing Tracking Number:  
 Filing Description:  
 Attached for your review and approval is advertisement for a previously approved 2010 Medicare Supplement product.  
 This is a new submission that has not been previously reviewed or rejected.

This submission consists of website content that advertises Medicare Supplement products approved in your state on 4/19/2010.

The form numbers being submitted are: SLQUOTE1 – Quote Page 1, SLQUOTE2 - Quote Page 2, SLQUOTE3 - Quote Page 3, SLQUOTE4- Quote Page 4, SLQUOTE5 - Quote Page 5, SLQUOTE6 - Quote Page 6, SLQUOTE7 - Quote Page 7.

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All marketing of the Medicare Supplement product is by licensed agents/producers.

We trust this information is complete and look forward to receiving your favorable reply. Thank you for your consideration.

## Company and Contact

### Filing Contact Information

Sherry Wiegman, Sr. Compliance Analyst sherry.wiegman@anico.com  
One Moody Plaza, SSH MP, Ste. 200 281-538-4842 [Phone]  
Galveston, TX 77550 409-766-2950 [FAX]

### Filing Company Information

Standard Life and Accident Insurance Company CoCode: 86355 State of Domicile: Texas  
One Moody Plaza, SSH MP, Ste. 200 Group Code: 408 Company Type: Health Insurance  
Galveston, TX 77550 Group Name: State ID Number:  
(281) 538-4842 ext. [Phone] FEIN Number: 73-0994234

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Life and Accident Insurance Company	\$50.00	03/09/2011	45424258
Standard Life and Accident Insurance Company	\$300.00	03/11/2011	45481531

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Product Name: SLQUOTE

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	03/16/2011	03/16/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	03/10/2011	03/10/2011	Sherry Wiegman	03/11/2011	03/11/2011

*SERFF Tracking Number:*      *ANTX-127072276*                      *State:*                      *Arkansas*  
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*Company Tracking Number:*  
*TOI:*                      *MS09 Medicare Supplement - Other 2010*              *Sub-TOI:*                      *MS09.000 Medicare Supplement Other 2010*  
*Product Name:*              *SLQUOTE*  
*Project Name/Number:*              *SLQUOTE/SLQUOTE*

## **Disposition**

Disposition Date: 03/16/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Form	QUOTE PAGE 1	Filed	Yes
Form	QUOTE PAGE 2	Filed	Yes
Form	QUOTE PAGE 3	Filed	Yes
Form	QUOTE PAGE 4	Filed	Yes
Form	QUOTE PAGE 5	Filed	Yes
Form	QUOTE PAGE 6	Filed	Yes
Form	QUOTE PAGE 7	Filed	Yes

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*Product Name:*      *SLQUOTE*  
*Project Name/Number:*      *SLQUOTE/SLQUOTE*

## **Objection Letter**

Objection Letter Status      Pending Industry Response  
Objection Letter Date      03/10/2011  
Submitted Date      03/10/2011  
Respond By Date      04/11/2011

Dear Sherry Wiegman,

This will acknowledge receipt of the captioned filing. The filing fees submitted are incorrect; the new rates under Rule 57 were effective January 1, 2010. Please submit \$50 for each rate and each form.

Please feel free to contact me if you have questions.

Sincerely,  
Stephanie Fowler

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 03/11/2011  
Submitted Date 03/11/2011

Dear Stephanie Fowler,

### Comments:

We have received your request for additional funds for this submission.

### Response 1

Comments: An additional amount of \$300 has been submitted through EFT. \$50 x 7 forms.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your continued review.

Sincerely,  
Sherry Wiegman

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## Form Schedule

### Lead Form Number: SLQUOTE

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
<b>Status</b>						
Filed 03/16/2011	1	SLQUOTE Advertising QUOTE PAGE 1	Initial		52.000	SLQUOTE1.pdf
Filed 03/16/2011	2	SLQUOTE Advertising QUOTE PAGE 2	Initial		52.000	SLQUOTE2.pdf
Filed 03/16/2011	3	SLQUOTE Advertising QUOTE PAGE 3	Initial		52.000	SLQUOTE3.pdf
Filed 03/16/2011	4	SLQUOTE Advertising QUOTE PAGE 4	Initial		52.000	SLQUOTE4.pdf
Filed 03/16/2011	5	SLQUOTE Advertising QUOTE PAGE 5	Initial		52.000	SLQUOTE5.pdf
Filed 03/16/2011	6	SLQUOTE Advertising QUOTE PAGE 6	Initial		52.000	SLQUOTE6.pdf
Filed 03/16/2011	7	SLQUOTE Advertising QUOTE PAGE 7	Initial		52.000	SLQUOTE7.pdf





## Plan Overview: Medicare Supplement Plans

### Medicare Supplement Plans for Eligible Customers

Standard Life and Accident Insurance Company (SLAICO) offers a variety of Medicare Supplement policies to help pay for expenses that Medicare does not pay. Depending on the plan that you choose, Medicare Part A and B deductibles could be covered, as well as coinsurance amounts, at-home recovery, skilled nursing, and foreign travel emergency expenses.

In general, you must be age 65 or older and enrolled in Medicare Part A and B to purchase a Medicare Supplement plan\*. SLAICO Medicare Supplement plans have no waiting period for pre-existing conditions; however, you may be subject to medical underwriting when you apply.

\*Depending on your birthday.

[Get a Quote and Apply](#)

**Standard Life and Accident Insurance Company and its producers are not connected with or endorsed by the U.S. Government or the Federal Medicare Program.** This is a lead for solicitation of insurance only and a producer will contact you. An application must be completed to obtain coverage and to determine your eligibility. Policy Form Series 2010-1006. Available plans may vary by state. Medicare Supplement standardized plans are offered to Medicare eligible individuals due to disability in some states. The policy has exclusions and limitations. For complete information, please contact the producer.

SLQUOTE1

### Plan Information and Rates

[Get a Quote and Apply](#)  
[Download a Plan Brochure](#)



[Plan Overview: Medicare Supplement Plans](#) > Medicare Supplement General Information

## Medicare Supplement General Information

### Market Segment

SLAICO

### Applicant Information

Gender: ☐ Male ☐ Female

Birth Date:  -  -

Rating Class:

Zip Code:

Applicant's Resident State:

#### \* Rating Classes

**Non-Tobacco User -- applicants who have not used tobacco products within 12 months preceding the application.**

**Tobacco User -- applicant who has used tobacco products including smokeless or chewing tobacco within the past 12 months prior to the application date.**

**Gender and tobacco status may or may not be used as a factor in premium determination in your state. Please refer to the Outline of Coverage for additional information or contact the Company.**

[Continue](#)

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SLQUOTE2





[Agent Home](#) > [Medicare Supplement General Information](#) > [Medicare Supplement Applicant Information](#)

## Medicare Supplement Applicant Information

### Enrollment Status

When would you like your coverage to begin?:    
(29th, 30th and 31st not available)

Please select enrollment status:

☐ [Guarantee Issue](#)  ☐ [Open Enrollment](#)  ☐ Medically Underwritten

The actual effective date of the Policy may vary from the date chosen and will be shown in the Policy if issued.

[Continue](#)

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SLQUOTE3



[Plan Overview: Medicare Supplement Plans](#) > [Medicare Supplement General Information](#) > [Medicare Supplement Applicant Information](#) >  
Enrollment Status

## Enrollment Status

### Consumer Message

**Eligibility Requirements vary by state. Please contact our Customer Service Department at 1-877-697-4439 to apply for coverage.**

End

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SLQUOTE4



Plan Overview: [Medicare Supplement Plans](#) > [Medicare Supplement General Information](#) > [Medicare Supplement Applicant Information](#) > [Premium Information](#)

## Premium Information

### Standard Rates

Rates are illustrative only and may vary according to information provided in your application. Rates shown are subject to change at any time and vary by Zip Code and other factors. DO NOT send money at this time. You cannot obtain coverage until you complete the application process and it is approved by the Company.

Plan Name	Monthly	Quarterly	Semi-Annually	Annually	-
Plan A	\$236.69	\$730.37	\$1406.64	\$2705.08	<a href="#">Apply</a>
Plan B	\$269.49	\$831.58	\$1601.57	\$3079.94	<a href="#">Apply</a>
Plan C	\$306.39	\$945.45	\$1820.86	\$3501.65	<a href="#">Apply</a>
Plan D	\$184.62	\$569.69	\$1097.19	\$2109.98	<a href="#">Apply</a>
Plan F	\$251.96	\$777.49	\$1497.38	\$2879.58	<a href="#">Apply</a>
Plan G	\$186.03	\$574.04	\$1105.56	\$2126.08	<a href="#">Apply</a>
Plan N	\$121.52	\$374.98	\$722.18	\$1388.80	<a href="#">Apply</a>
Plan F(hd)	\$36.64	\$113.06	\$217.74	\$418.73	<a href="#">Apply</a>

[Compare Plans](#)

[Outline of Coverage](#)

This screen provides a general summary of the quoted plan benefits. Be sure to download and review the Outline of Coverage for a comprehensive overview of the plan benefits.

The premium is calculated based on the information provided and is subject to change based on the plan selected, age, residency and other factors. The final premium is determined when coverage has been approved and issued by the Company.

If you are losing your current coverage and received a notice from your carrier indicating eligibility for guarantee issue; please include a copy of that notice with the application.

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SLQUOTES



[Plan Overview: Medicare Supplement Plans...](#) > [Medicare Supplement Applicant Information](#) > [Premium Information](#) > [Premium Information](#)

## Premium Information

### Consumer Message

Please contact our Customer Service Department at 1-877-697-4439 to apply for coverage.

Please note eligibility requirements vary by state and all plans may not be available to you.

The premium is calculated based on the information provided and is subject to change based on the plan selected, age, residency and other factors. The final premium is determined when coverage has been approved and issued by the Company.

End

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SLQUOTE6

## Premium Information

### Standard Rates

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### Basic Plan Rate

Monthly	Quarterly	Semi-Annually	Annually
\$106.54	\$328.74	\$633.13	\$1217.56

### Optional Riders

- ☐ Part A Deductible Rider
- ☐ Part B Deductible Rider
- ☐ Part B Excess Charges Rider
- ☐ Home Health Care Rider
- ☐ Foreign Travel Rider
- ☐ Copay Rider

Update

Monthly	Quarterly	Semi-Annually	Annually
\$106.54	\$328.74	\$633.13	\$1217.56

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[Outline of Coverage](#)

Apply

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SLQUOTE7